

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000029793 (4)**

1. Corporation Name  
**UNIVERSE FINANCIAL SERVICES, INC.**



Principal Place of Business: **8390 W. FLAGLER STREET SUITE 103 MIAMI FL 33144 US**  
Mailing Address: **8390 FLAGLER STREET SUITE 103 MIAMI FL 33144 US**

2. Principal Place of Business		2a. Mailing Address	
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified <b>04/18/1994</b>	3a. Date of Last Report <b>05/16/1995</b>
4. FEI Number <b>65-0487281</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BEJERANO, SAMUEL JR</b> <del>1201 SW 142ND CT.</del> <b>8390 W. Flagler st.</b> <del>MIAMI FL</del> <b>suite # 103</b> <b>Miami, FL 33144</b>				81. Name	<b>Bejerano, Samuel Jr.</b>		
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>8390 W. Flagler st.</b>		
				83.	<b>Suite 103</b>		
				84. City	<b>Miami</b>	85. Zip Code	<b>FL 33144</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEJERANO, SAMUEL</b>	12. NAME	
STREET ADDRESS	<b>1201 S.E. CT.</b>	13. STREET ADDRESS	<b>8390 W. Flagler st. suite #103</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	14. CITY-ST-ZIP	<b>Miami, FL 33144</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEJERANO, ALICE</b>	22. NAME	
STREET ADDRESS	<b>1201 S.E. 142 CT.</b>	23. STREET ADDRESS	<b>8390 W. Flagler st. suite #103</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	24. CITY-ST-ZIP	<b>Miami, FL 33144</b>
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee or power of attorney to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or in Block 14, if added.

SIGNATURE: *[Signature]* **4/23/96 (305) 225-9905**  
 NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Samuel Bejerano Jr.**

CR2E034 (12/95)